

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In re:

A TERRENCE GABOR
MARYPAT GABOR
Debtors

Case No. 04-35909

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 09/28/2004.
- 2) The plan was confirmed on 12/30/2004.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 09/07/2007.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 06/28/2007, 05/21/2008.
- 5) The case was dismissed on 05/08/2009.
- 6) Number of months from filing to last payment: 51.
- 7) Number of months case was pending: 58.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$ 5,650.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$37,800.00
Less amount refunded to debtor	\$0.00

NET RECEIPTS: **\$37,800.00**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$2,700.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$1,577.83
Other	\$194.00

TOTAL EXPENSES OF ADMINISTRATION: **\$4,471.83**

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ASSOCIATED PATHOLOGISTS/JOLIET	Unsecured	105.71	NA	NA	0.00	0.00
ASSOCIATED PATHOLOGISTS/JOLIET	Unsecured	105.71	NA	NA	0.00	0.00
ASSOCIATED PATHOLOGISTS/JOLIET	Unsecured	105.71	NA	NA	0.00	0.00
ASSOCIATED PATHOLOGISTS/JOLIET	Unsecured	105.71	NA	NA	0.00	0.00
ASSOCIATED PATHOLOGISTS/JOLIET	Unsecured	105.71	NA	NA	0.00	0.00
BOSS CONSTRUCTION	Unsecured	3,255.00	NA	NA	0.00	0.00
CORWIN MEDICAL CARE	Unsecured	207.00	183.58	183.58	39.53	0.00
CORWIN MEDICAL CARE	Unsecured	85.00	NA	NA	0.00	0.00
DISCOVER BANK	Unsecured	3,775.51	3,356.02	3,356.02	880.39	0.00
DREYER MEDICAL CLINIC	Unsecured	101.05	350.82	350.82	83.79	0.00
DUPAGE RADIOLOGISTS	Unsecured	69.50	NA	NA	0.00	0.00
ECAST SETTLEMENT CORP	Unsecured	2,338.61	2,877.18	2,877.18	754.77	0.00
ECAST SETTLEMENT CORPORATION	Unsecured	NA	589.30	589.30	140.74	0.00
ECAST SETTLEMENT CORPORATION	Unsecured	2,897.86	3,523.44	3,523.44	924.29	0.00
FORD MOTOR CREDIT CO	Secured	10,000.00	10,000.00	10,000.00	10,000.00	604.94
FORD MOTOR CREDIT CO	Unsecured	NA	1,305.97	1,305.97	342.60	0.00
FUTURE DIAGNOSTICS GROUP	Unsecured	1,761.00	NA	NA	0.00	0.00
GMAC RESCAP LLC	Secured	NA	NA	NA	0.00	0.00
GMAC RESCAP LLC	Secured	NA	NA	NA	0.00	0.00
GOOD SAMARITAN HOSPITAL	Unsecured	578.00	NA	NA	0.00	0.00
ILLINOIS COLLECTION SERVICE	Unsecured	2,350.00	NA	NA	0.00	0.00
ILLINOIS DEPT REVENUE	Priority	2,068.06	1,670.13	1,670.13	1,329.34	0.00
ILLINOIS DEPT REVENUE	Unsecured	NA	426.60	426.60	101.88	0.00
INTERNAL REVENUE SERVICE	Unsecured	NA	774.41	774.41	203.15	0.00
INTERNAL REVENUE SERVICE	Priority	11,309.00	10,573.96	10,573.96	10,573.96	0.00
J C PENNEY	Unsecured	626.68	NA	NA	0.00	0.00
JEFFERSON CAPITAL SYSTEMS	Unsecured	1,364.90	NA	NA	0.00	0.00
JOLIET RADIOLOGY	Unsecured	NA	60.29	60.29	15.83	0.00
KOHL'S	Unsecured	1,279.53	1,016.01	1,016.01	266.53	0.00
LOYOLA UNIVERSITY & HOSPITAL	Unsecured	135.00	NA	NA	0.00	0.00
LOYOLA UNIVERSITY & HOSPITAL	Unsecured	382.69	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
MBNA AMERICA	Unsecured	1,530.77	NA	NA	0.00	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	7,107.89	7,103.34	7,103.34	1,863.41	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	3,538.61	3,829.48	3,829.48	1,004.58	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	10,484.28	9,627.54	9,627.54	2,525.58	0.00
PRAIRIE EMERGENCY SERVICE	Unsecured	412.66	NA	NA	0.00	0.00
PROVENA ST JOSEPH MEDICAL CTR	Unsecured	562.68	NA	NA	0.00	0.00
PROVENA ST JOSEPH MEDICAL CTR	Unsecured	562.68	NA	NA	0.00	0.00
PROVENA ST JOSEPH MEDICAL CTR	Unsecured	562.88	NA	NA	0.00	0.00
PROVENA ST JOSEPH MEDICAL CTR	Unsecured	562.68	NA	NA	0.00	0.00
PROVENA ST JOSEPH MEDICAL CTR	Unsecured	2,667.44	NA	NA	0.00	0.00
PROVENA ST JOSEPH MEDICAL CTR	Unsecured	664.37	NA	NA	0.00	0.00
QUEST DIAGNOSTICS	Unsecured	111.55	NA	NA	0.00	0.00
RESURGENT CAPITAL SERVICES	Unsecured	6,195.30	6,376.98	6,376.98	1,672.86	0.00
SUBURBAN FOOT & ANKLE ASSOC	Unsecured	196.00	NA	NA	0.00	0.00
UNIVERSITY OF CHIC PHYSICIANS	Unsecured	12.05	NA	NA	0.00	0.00
WASTE MANAGEMENT NORTH	Unsecured	56.58	NA	NA	0.00	0.00
WEST SUBURBAN UROLOGY SC	Unsecured	31.66	NA	NA	0.00	0.00
YELLOW BOOK OF ILLINOIS LLC	Unsecured	166.74	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$10,000.00	\$10,000.00	\$604.94
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$10,000.00	\$10,000.00	\$604.94
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$12,244.09	\$11,903.30	\$0.00
TOTAL PRIORITY:	\$12,244.09	\$11,903.30	\$0.00
GENERAL UNSECURED PAYMENTS:	\$41,400.96	\$10,819.93	\$0.00

Disbursements:

Expenses of Administration	<u>\$4,471.83</u>
Disbursements to Creditors	<u>\$33,328.17</u>
TOTAL DISBURSEMENTS :	<u>\$37,800.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 07/23/2009

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.